

09/509188

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 25     | 05-17-00 |
| FORMALITY REVIEW          |          |        |          |
| RESPONSE FORMALITY REVIEW |          |        |          |

INDEX OF CLAIMS

Rejected N  
Allowed 1  
(Through numeral) Canceled A  
Restricted O  
Non-elected  
Interference  
Appeal  
Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet her

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